



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90288 034 ***150.00

DOCUMENT # V58188 1. Entity Name MATTERA ENTERPRISES, INC.					
Principal Place of Business 12951 S ORANGE BLOSSOM TRAIL ORLANDO, FL 32837 US			Mailing Address 12951 S ORANGE BLOSSOM TRAIL ORLANDO, FL 32837 US		
2. Principal Place of Business 349 Dolcetto Dr Suite, Apt. #, etc.		3. Mailing Address 349 Dolcetto Dr Suite, Apt. #, etc.			
City & State DAVENPORT, FL		City & State DAVENPORT, FL		4. FEI Number 65-0351113	
Zip 33897		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MATTERA, JEFF 12951 S ORANGE BLOSSOM TRAIL ORLANDO, FL 32837				7. Name and Address of New Registered Agent Name JEFF - MATTERA Street Address (P.O. Box Number is Not Acceptable) 349 Dolcetto Dr City DAVENPORT FL Zip Code 33897	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MATTERA, JEFF 12951 SOUTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32837	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTERA, JEFF 12951 SOUTH ORANGE BLOSSOM TR ORLANDO, FL 32837	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Jeff Mattera, President</u> 4/19/05 407-240-2388					